

CHARS Procedure Manual

Appendix D Revenue Codes

Medicare assigned Revenue Codes to be entered in UB-92 Form Locator #42.
List revenue codes in ascending numeric sequence and do not repeat on the same bill to the extent possible.

Excluded revenue codes are listed beginning on page D-13

Where Medicare does not require Units of Service, units submitted to CHARS may be those used by the hospital. If units of service is not used by the hospital, units of service field may be left blank.

Units of Service

001 Total Charges

ACCOMMODATION REVENUE CODES (10X-21X)

10X All Inclusive Rate

100 = All Inclusive Room & Board plus Ancillary Days

101 = All Inclusive Room & Board Days

11X Room & Board – Private

110 = General Classification Days

111 = Medical/Surgical/GYN Days

112 = OB Days

113 = Pediatric Days

114 = Psychiatric Days

115 = Hospice Days

116 = Detoxification Days

117 = Oncology Days

118 = Rehabilitation Days

119 = Other Days

12X Room & Board - Semi Private Two Beds

120 = General Classification Days

121 = Medical/Surgical/GYN Days

122 = OB Days

123 = Pediatric Days

124 = Psychiatric Days

125 = Hospice Days

126 = Detoxification Days

127 = Oncology Days

128 = Rehabilitation Days

129 = Other Days

13X Semi Private - Three and Four Beds

| | |
|------------------------------|------|
| 130 = General Classification | Days |
| 131 = Medical/Surgical/GYN | Days |
| 132 = OB | Days |
| 133 = Pediatric | Days |
| 134 = Psychiatric | Days |
| 135 = Hospice | Days |
| 136 = Detoxification | Days |
| 137 = Oncology | Days |
| 138 = Rehabilitation | Days |
| 139 = Other | Days |

14X Private (Deluxe)

| | |
|------------------------------|------|
| 140 = General Classification | Days |
| 141 = Medical/Surgical/GYN | Days |
| 142 = OB | Days |
| 143 = Pediatric | Days |
| 144 = Psychiatric | Days |
| 145 = Hospice | Days |
| 146 = Detoxification | Days |
| 147 = Oncology | Days |
| 148 = Rehabilitation | Days |
| 149 = Other | Days |

15X Room and Board Ward

| | |
|------------------------------|------|
| 150 = General Classification | Days |
| 151 = Medical/Surgical/GYN | Days |
| 152 = OB | Days |
| 153 = Pediatric | Days |
| 154 = Psychiatric | Days |
| 155 = Hospice | Days |
| 156 = Detoxification | Days |
| 157 = Oncology | Days |
| 158 = Rehabilitation | Days |
| 159 = Other | Days |

16X Other Room and Board

| | |
|------------------------------|------|
| 160 = General Classification | Days |
| 164 = Sterile Environment | Days |
| 167 = Self Care | Days |
| 169 = Admin Days Title IX | Days |

17X Nursery

| | |
|------------------------------|------|
| 170 = General Classification | Days |
| 171 = Newborn – Level I | Days |
| 172 = Newborn – Level II | Days |
| 173 = Newborn – Level III | Days |
| 174 = Newborn – Level IV | Days |
| 179 = Other | Days |

18X Leave of Absence

| | |
|----------------------------------------------|------|
| 180 = General Classification | Days |
| 182 = Patient Convenience – charges billable | Days |
| 183 = Therapeutic Leave | Days |
| 184 = Reserved for National use | |
| 185 = Hospitalization only | Days |
| 189 = Other Leave of Absence | Days |

19X Subacute Care

| | |
|-------------------------------|------|
| 190 = General Classification | Days |
| 191 = Subacute Care Level I | Days |
| 192 = Subacute Care Level II | Days |
| 193 = Subacute Care Level III | Days |
| 194 = Subacute Care Level IV | Days |
| 199 = Other Subacute Care | Days |

20X Intensive Care

| | |
|------------------------------|------|
| 200 = General Classification | Days |
| 201 = Surgical | Days |
| 202 = Medical | Days |
| 203 = Pediatric | Days |
| 204 = Psychiatric | Days |
| 206 = Intermediate ICU | Days |
| 207 = Burn Care | Days |
| 208 = Trauma | Days |
| 209 = Other Intensive Care | Days |

21X Coronary Care

| | |
|------------------------------|------|
| 210 = General Classification | Days |
| 211 = Myocardial Infarction | Days |
| 212 = Pulmonary Care | Days |
| 213 = Heart Transplant | Days |
| 214 = Intermediate CCU | Days |

219 = Other Coronary Care

Days

ANCILLARY REVENUE CODES (22X-99X)

22X Special Charges

220 = General Classification

Units Not Required

221 = Admission Charge

Units Not Required

222 = Technical Support Charge

Units Not Required

223 = U.R. Service Charge

Units Not Required

224 = Late Discharge, Medically Necessary

Units Not Required

229 = Other Special Charges

Units Not Required

23X Incremental Nursing Charge Rate

230 = General Classification

Units Not Required

231 = Nursery

Units Not Required

232 = OB

Units Not Required

233 = ICU - Includes Transitional Care

Units Not Required

234 = CCU - Includes Transitional Care

Units Not Required

235 = Hospice

Units Not Required

239 = Other

Units Not Required

24X All Inclusive Ancillary

240 = General Classification

Units Not Required

241 = Basic

Units Not Required

242 = Comprehensive

Units Not Required

243 = Specialty

Units Not Required

249 = Other All Inclusive Ancillary

Units Not Required

25X Pharmacy

250 = General Classification

Units Not Required

251 = Generic Drug

Units Not Required

252 = Non-Generic Drug

Units Not Required

253 = Take Home Drug

Units Not Required

254 = Drugs Incident to Other Diag. Services

Units Not Required

255 = Drugs Incident to Radiology

Units Not Required

256 = Experimental Drugs

Units Not Required

257 = Nonprescription

Units Not Required

258 = IV Solutions

Units Not Required

259 = Other Pharmacy

Units Not Required

26X IV Therapy

260 = General Classification

Units Not Required

261 = Infusion Pump

Units Not Required

262 = IV Therapy/Pharmacy Services

Units Not Required

263 = IV Therapy/Drug/Supply Delivery

Units Not Required

| | |
|---------------------------|--------------------|
| 264 = IV Therapy/Supplies | Units Not Required |
| 269 = Other IV Therapy | Units Not Required |

27X Medical/Surgical Supplies

| | |
|-----------------------------------|--------------------|
| 270 = General Classification | Units Not Required |
| 271 = Nonsterile Supply | Units Not Required |
| 272 = Sterile Supply | Units Not Required |
| 273 = Take Home Supplies | Units Not Required |
| 274 = Prosthetic/Orthotic Devices | Units Not Required |
| 275 = Pacemaker | Units Not Required |
| 276 = Intraocular Lens | Units Not Required |
| 277 = Oxygen-Take Home | Units Not Required |
| 278 = Other Implants | Units Not Required |
| 279 = Other Supplies/Devices | Units Not Required |

28X Oncology

| | |
|------------------------------|--------------------|
| 280 = General Classification | Units Not Required |
| 289 = Other Oncology | Units Not Required |

29X Durable Medical Equipment (DME) (Other than Rental)

| | |
|------------------------------|--------------------|
| 290 = General Classification | Units Not Required |
| 291 = Rental | Units Not Required |
| 292 = Purchase of New DME | Units Not Required |
| 293 = Purchase of Used DME | Units Not Required |
| 299 = Other Equipment | Units Not Required |

30X Laboratory

| | |
|-------------------------------------|--------------------|
| 300 = General Classification | Units Not Required |
| 301 = Chemistry | Units Not Required |
| 302 = Immunology | Units Not Required |
| 304 = Non-Routine Dialysis | Units Not Required |
| 305 = Hematology | Units Not Required |
| 306 = Bacteriology and Microbiology | Units Not Required |
| 307 = Urology | Units Not Required |
| 309 = Other Laboratory | Units Not Required |

31X Laboratory Pathological

| | |
|------------------------------|--------------------|
| 310 = General Classification | Units Not Required |
| 311 = Cytology | Units Not Required |
| 312 = Histology | Units Not Required |
| 314 = Biopsy | Units Not Required |
| 319 = Other | Units Not Required |

32X Radiology – Diagnostic

| | |
|------------------------------|--------------------|
| 320 = General Classification | Units Not Required |
| 321 = Angiocardiology | Units Not Required |
| 322 = Arthrography | Units Not Required |
| 323 = Arteriography | Units Not Required |
| 324 = Chest X-Ray | Units Not Required |
| 329 = Other | Units Not Required |

33X Radiology – Therapeutic

| | |
|-------------------------------|--------------------|
| 330 = General Classification | Units Not Required |
| 331 = Chemotherapy – Injected | Units Not Required |
| 332 = Chemotherapy – Oral | Units Not Required |
| 333 = Radiation Therapy | Units Not Required |
| 335 = Chemotherapy – IV | Units Not Required |
| 339 = Other | Units Not Required |

34X Nuclear Medicine

| | |
|----------------------------------------|--------------------|
| 340 = General Classification | Units Not Required |
| 341 = Diagnostic Procedures | Units Not Required |
| 342 = Therapeutic Procedures | Units Not Required |
| 343 = Diagnostic Radiopharmaceuticals | Units Not Required |
| 344 = Therapeutic Radiopharmaceuticals | Units Not Required |
| 349 = Other | Units Not Required |

35X Computed Tomographic (CT) Scan

| | |
|------------------------------|--------------------|
| 350 = General Classification | Units Not Required |
| 351 = Head Scan | Units Not Required |
| 352 = Body Scan | Units Not Required |
| 359 = Other CT Scan | Units Not Required |

36X Operating Room Services

| | |
|--------------------------------------------|--------------------|
| 360 = General Classification | Units Not Required |
| 361 = Minor Surgery | Units Not Required |
| 362 = Organ Transplant - Other than Kidney | Units Not Required |
| 367 = Kidney Transplant | Units Not Required |
| 369 = Other Operating Room Services | Units Not Required |

37X Anesthesia

| | |
|---------------------------------------------------|--------------------|
| 370 = General Classification | Units Not Required |
| 371 = Anesthesia Incident to Radiology | Units Not Required |
| 372 = Anesthesia Incident to Other Diag. Services | Units Not Required |
| 374 = Acupuncture | Units Not Required |
| 379 = Other Anesthesia | Units Not Required |

38X Blood

| | |
|--------------------------------------------|---------------------|
| 380 = General Classification | Units Not Required |
| 381 = Packed Red Cells | # of Pints Required |
| 382 = Whole Blood | Units Not Required |
| 383 = Plasma | Units Not Required |
| 384 = Platelets | Units Not Required |
| 385 = Leucocytes | Units Not Required |
| 386 = Other Components | Units Not Required |
| 387 = Other Derivatives (Cryoprecipitates) | Units Not Required |
| 389 = Other Blood | Units Not Required |

39X Blood Storage and Processing

| | |
|------------------------------------------|--------------------|
| 390 = General Classification | Units Not Required |
| 391 = Blood Administration | Units Not Required |
| 399 = Other Blood Storage and Processing | Units Not Required |

40X Other Imaging Services

| | |
|------------------------------------|--------------------|
| 400 = General Classification | Units Not Required |
| 401 = Diagnostic Mammography | Units Not Required |
| 402 = Ultrasound | Units Not Required |
| 403 = Screening Mammography | Units Not Required |
| 404 = Positron Emission Tomography | Units Not Required |
| 409 = Other Imaging Services | Units Not Required |

41X Respiratory Services

| | |
|----------------------------------|----------------------|
| 410 = General Classification | Number of Treatments |
| 412 = Inhalation Services | Number of Treatments |
| 413 = Hyperbaric Oxygen Therapy | Number of Treatments |
| 419 = Other Respiratory Services | Number of Treatments |

42X Physical Therapy

| | |
|-----------------------------------|----------------------|
| 420 = General Classification | Number of Treatments |
| 421 = Visit Charge | Number of Treatments |
| 422 = Hourly Charge | Number of Treatments |
| 423 = Group Rate | Number of Treatments |
| 424 = Evaluation or Re-Evaluation | Number of Treatments |
| 429 = Other Physical Therapy | Number of Treatments |

43X Occupational Therapy

| | |
|-----------------------------------|--------------------|
| 430 = General Classification | Units Not Required |
| 431 = Visit Charge | Units Not Required |
| 432 = Hourly Charge | Units Not Required |
| 433 = Group Rate | Units Not Required |
| 434 = Evaluation or Re-Evaluation | Units Not Required |
| 439 = Other Occupational Therapy | Units Not Required |

44X Speech-Language Pathology

| | |
|-------------------------------------|--------------------|
| 440 = General Classification | Units Not Required |
| 441 = Visit Charge | Units Not Required |
| 442 = Hourly Charge | Units Not Required |
| 443 = Group Rate | Units Not Required |
| 444 = Evaluation or Re-Evaluation | Units Not Required |
| 449 = Other Speech/Language Therapy | Units Not Required |

45X Emergency Room

| | |
|---------------------------------------------------|--------------------|
| 450 = General Classification | Units Not Required |
| 451 = EMTALA Emergency Medical Screening Services | Units Not Required |
| 452 = ER Beyond EMTALA Screening | Units Not Required |
| 456 = Urgent Care | Units Not Required |
| 459 = Other Emergency Room | Units Not Required |

46X Pulmonary Function

| | |
|--------------------------------|--------------------|
| 460 = General Classification | Units Not Required |
| 469 = Other Pulmonary Function | Units Not Required |

47X Audiology

| | |
|------------------------------|--------------------|
| 470 = General Classification | Units Not Required |
| 471 = Diagnostic | Units Not Required |
| 472 = Treatment | Units Not Required |
| 479 = Other Audiology | Units Not Required |

48X Cardiology

| | |
|------------------------------|--------------------|
| 480 = General Classification | Units Not Required |
| 481 = Cardiac Cath Lab | Units Not Required |
| 482 = Stress Test | Units Not Required |
| 483 = Echocardiology | Units Not Required |
| 489 = Other Cardiology | Units Not Required |

50X Out Patient Services *

| | |
|------------------------------|--------------------|
| 500 = Current Classification | Units Not Required |
| 509 = Other | Units Not Required |

***(OP charges for services rendered to an OP who is admitted as an IP before midnight of the day following the date of service. This revenue code is no longer used for Medicare.)**

53X Osteopathic Services

| | |
|----------------------------------|----------------------|
| 530 = General Classification | Number of Treatments |
| 531 = Osteopathic Therapy | Number of Treatments |
| 539 = Other Osteopathic Services | Number of Treatments |

54X Ambulance

| | |
|-------------------------------------|--------------------|
| 540 = General Classification | Number of Miles |
| 541 = Supplies | Units Not Required |
| 542 = Medical Transport | Number of Miles |
| 543 = Heart Mobile | Number of Miles |
| 544 = Oxygen | Units Not Required |
| 545 = Air Ambulance | Number of Miles |
| 546 = Neonatal Ambulance | Number of Miles |
| 547 = Pharmacy | Units Not Required |
| 548 = Telephonic Transmission (EKG) | Units Not Required |
| 549 = Other Ambulance | Number of Miles |

56X Medical Social Services

| | |
|-------------------------------------|------------------|
| 560 = General Classification | Number of Visits |
| 561 = Visit Charge | Number of Visits |
| 562 = Hourly Charge | Number of Hours |
| 569 = Other Medical Social Services | Number of Visits |

61X Magnetic Resonance Imaging (MRI)

| | |
|-----------------------------------------|--------------------|
| 610 = General Classification | Units Not Required |
| 611 = MRI Brain (Including Brainstem) | Units Not Required |
| 612 = MRI Spinal Cord (Including Spine) | Units Not Required |
| 614 = MRI Other | Units Not Required |
| 615 = MRA | Units Not Required |
| 616 = MRA Lower Extremities | Units Not Required |
| 618 = MRA Other | Units Not Required |
| 619 = MRT Other | Units Not Required |

62X Medical/Surgical Supplies (Extension of 27X)

| | |
|------------------------------------------------------|--------------------|
| 621 = Supplies Incident to Radiology | Units Not Required |
| 622 = Supplies Incident to Other Diagnostic Services | Units Not Required |
| 623 = Surgical Dressings | Units Not Required |
| 624 = Investigational Device | Units Not Required |

63X Drugs Requiring Specific Identification

| | |
|---------------------------------------------------|--------------|
| 631 = Single Source Drug | Number Units |
| 632 = Multiple Source Drug | Number Units |
| 633 = Restrictive Prescription | Number Units |
| 634 = Erythropoietin (EPO) less than 10,000 units | Number Units |
| 635 = Erythropoietin (EPO) 10,000 or more units | Number Units |
| 636 = Drugs Requiring Detailed Coding | Number Units |
| 637 = Self-administrable Drugs | Number Units |

65X Hospice Services

| | |
|----------------------|-------------|
| 655 = Inpatient Care | Number Days |
|----------------------|-------------|

656 = General Inpatient Care (nonrespite)

Number Days

68X Trauma Response

681 = Level I

Units Not Required

682 = Level II

Units Not Required

683 = Level III

Units Not Required

684 = Level IV

Units Not Required

70X Cast Room

700 = General Classification

Units Not Required

709 = Other Cast Room

Units Not Required

71X Recovery Room

710 = General Classification

Units Not Required

719 = Other Recovery Room

Units Not Required

72X Labor Room/Delivery

720 = General Classification

Units Not Required

721 = Labor

Units Not Required

722 = Delivery

Units Not Required

723 = Circumcision

Units Not Required

724 = Birthing Center

Number of Days

729 = Other Labor Room/Delivery

Units Not Required

73X Electrocardiogram (EKG/ECG)

730 = General Classification

Units Not Required

731 = Holter Monitor

Units Not Required

732 = Telemetry

Units Not Required

739 = Other EKG/ECG

Units Not Required

74X Electroencephalogram (EEG)

740 = General Classification

Units Not Required

749 = Other EEG

Units Not Required

75X Gastro-Intestinal Services

750 = General Classification

Units Not Required

759 = Other Gastro-Intestinal

Units Not Required

76X Treatment or Observation Room *

760 = General Classification

Units Not Required

761 = Treatment Room

Units Not Required

762 = Observation Room*

Units Not Required

769 = Other Treatment Room

Units Not Required

*** (Used when the patient is held in Observation Room and subsequently admitted.)**

77X Preventive Care Services

| | |
|--------------------------------------|--------------------|
| 770 = General Classification | Units Not Required |
| 771 = Vaccine Administration | Units Not Required |
| 779 = Other Preventive Care Services | Units Not Required |

79X Extracorporeal Shockwave Therapy

| | |
|----------------------------------------------|--------------------|
| 790 = General Classification | Units Not Required |
| 791 = Other extracorporeal shockwave therapy | Units Not Required |

80X Inpatient Renal Dialysis

| | |
|---------------------------------------------------------|--------------------|
| 800 = General Classification | Number of Sessions |
| 801 = Inpatient Hemodialysis | Number of Sessions |
| 802 = Inpatient Peritoneal (Non-CAPD) | Number of Sessions |
| 803 = Inpatient Continuous Ambulatory Peritoneal (CAPD) | Number of Sessions |
| 804 = Inpatient Continuous Cycling Peritoneal | Number of Sessions |
| 809 = Other Inpatient Dialysis | Number of Sessions |

81X Organ Acquisition

| | |
|---------------------------------------------------|--------------------|
| 810 = General Classification | Units Not Required |
| 811 = Living Donor | Units Not Required |
| 812 = Cadaver Donor | Units Not Required |
| 813 = Unknown Donor | Units Not Required |
| 814 = Unsuccessful Organ Search Donor Bank Charge | Units Not Required |
| 819 = Other Organ Acquisition | Units Not Required |

88X Miscellaneous Dialysis

| | |
|------------------------------------|--------------------|
| 880 = General Classification | Number of Sessions |
| 881 = Ultrafiltration | Number of Sessions |
| 889 = Other Miscellaneous Dialysis | Number of Sessions |

90X Behavioral Health Treatments/Svcs (see also 91X)

| | |
|---------------------------------|------------------|
| 900 = General Classification | Number of Visits |
| 901 = Electroshock Treatment | Number of Visits |
| 902 = Milieu Therapy | Number of Visits |
| 903 = Play Therapy | Number of Visits |
| 904 = Activity Therapy | Number of Visits |
| 909 = Reserved for National Use | |

91X Behavioral Health Treatments/Svcs (see also 90X)

| | |
|------------------------------------------------|------------------|
| 910 = General Classification | Number of Visits |
| 911 = Rehabilitation | Number of Visits |
| 912 = Partial Hospitalization – Less Intensive | Number of Visits |
| 913 = Partial Hospitalization – Intensive | Number of Visits |

| | |
|--------------------------|------------------|
| 914 = Individual Therapy | Number of Visits |
| 915 = Group Therapy | Number of Visits |
| 916 = Family Therapy | Number of Visits |
| 917 = Bio Feedback | Number of Visits |
| 918 = Testing | Number of Visits |
| 919 = Other | Number of Visits |

92X Other Diagnostic Services

| | |
|---------------------------------|--------------------|
| 920 = General Classification | Units Not Required |
| 921 = Peripheral Vascular Lab | Units Not Required |
| 922 = Electromyelgram | Units Not Required |
| 923 = Pap Smear | Units Not Required |
| 924 = Allergy Test | Units Not Required |
| 925 = Pregnancy Test | Units Not Required |
| 929 = Other Diagnostic Services | Units Not Required |

94X Other Therapeutic Services

| | |
|-------------------------------------------------------------|------------------|
| 940 = General Classification | Number of Visits |
| 941 = Recreational Therapy | Number of Visits |
| 942 = Education/Tng (incl diabetes related dietary therapy) | Number of Visits |
| 943 = Cardiac Rehabilitation | Number of Visits |
| 944 = Drug Rehabilitation | Number of Visits |
| 945 = Alcohol Rehabilitation | Number of Visits |
| 946 = Complex Medical Equipment Routine | Number Days |
| 947 = Complex Medical Equipment Ancillary | Number Days |
| 949 = Other Therapeutic Services | Number of Visits |

99X Patient Convenience Items

| | |
|---------------------------------------|--------------------|
| 990 = General Classification | Units Not Required |
| 991 = Cafeteria/Guest Tray | Units Not Required |
| 992 = Private Linen Service | Units Not Required |
| 993 = Telephone/Telegraph | Units Not Required |
| 994 = TV/Radio | Units Not Required |
| 995 = Nonpatient Room Rentals | Units Not Required |
| 996 = Late Discharge Charge | Units Not Required |
| 997 = Admission Kits | Units Not Required |
| 998 = Beauty Shop/Barber | Units Not Required |
| 999 = Other Patient Convenience Items | Units Not Required |

Revenue Codes Excluded from CHARS (Non-inpatient service revenue codes)

16X Room and Board – Other

166
168

18X Leave of Absence

181

30X Laboratory

303

49X Ambulatory Surgical Care

490

499

51X Clinic

510-517

519

52X Free Standing Clinic

520-523

526

529

55X Skilled Nursing

550-552

559

57X Home Health Aide (Home Health)

570-572

579

58X Other Visits (Home Health)

580-582

589

59X Units of Service (Home Health)

590

599

60X Oxygen (Home Health)

600-604

64X Home IV Therapy Services

640-649

65X Hospice Services

650-654

657

659

66X Respite Care (HHA only)

660-662

67X Outpatient Special Residence Charges

670-672

679

69X Not Assigned

78X Telemedicine

780

789

82X Hemodialysis - Outpatient or Home

820-825

829

83X Peritoneal Dialysis - Outpatient or Home

830-835

839

84X Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient

840-845

849

85X Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient

850-855

859

86X Reserved for Dialysis (National Assignment)

87X Reserved For Dialysis (State Assignment)

88X Miscellaneous Dialysis

880-882

889

89X Reserved for National Assignment

95X Not Assigned

96X Professional Fees

960-964

969

97X Professional Fees (Cont.)

971-979

98X Professional Fees (Cont.)

981-989

210X Alternative Therapy Services

2100-2199

If an inpatient receives the following services, these services should be coded under “other” in therapeutic service revenue codes 042X, 043X, 044X, 091X, 094X, 095X:
Acupuncture, Acupressure, Massage, Reflexology, Biofeedback, Hypnosis

310X Adult Care

3100-3199

These services are designated for Long Term Care facilities